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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 62	
County	Douglas		County Registered No.	179
District	Douglas		Local Registrar's No.	32
Town	Douglas			
Or City	Douglas			
No. <i>Salome & Hospital</i> St.				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <i>Ferdinand Amant Vestry</i>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
<i>Male</i>	White Indian Black Chinese Mexican	MARRIED WIDOWED or DIVORCED	<i>Feb 24th</i> 191 <i>4</i>	
DATE OF BIRTH			I hereby certify, that I attended deceased from <i>March 21st</i> 191 <i>4</i> to <i>March 24th</i> 191 <i>4</i> ; that I last saw him alive on <i>March 21st</i> 191 <i>4</i> , and that death occurred on the date he stated above at <i>2:30 P.M.</i> The DISEASE or INJURY causing death was as follows: <i>Arterial rupture due to ruptured aorta - was operated</i>	
AGE	If less than 1 day		(Duration) <i>2 1/2</i> yrs <i>2 1/2</i> mos <i>2 1/2</i> days	
<i>20 yrs 7 mos 29 days</i>	<i>hrs. or min.</i>		Was disease contracted in Arizona? <i>yes</i>	
OCCUPATION	If not, where?		CONTRIBUTOR	
(a) Trade, profession or particular kind of work <i>Smelterman</i>			(Duration) <i>2 1/2</i> yrs <i>2 1/2</i> mos <i>2 1/2</i> days	
(b) General nature of industry, business, or establishment in which employed or (employer)			(Signed) <i>Carl H. Lund</i>	
BIRTHPLACE (State or country)	Missouri		191 (Address)	
NAME OF FATHER	<i>J. A. Vestry</i>		In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
BIRTHPLACE OF FATHER (State or country)	Missouri		LENGTH OF RESIDENCE	
MAIDEN NAME OF MOTHER	<i>Daisy Amant</i>		At place of death <i>2 1/2</i> yrs <i>2 1/2</i> mos <i>2 1/2</i> ds. In Arizona <i>2 1/2</i> yrs <i>2 1/2</i> mos <i>2 1/2</i> ds.	
BIRTHPLACE OF MOTHER (State or country)	Illinois		Former or Usual Residence	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Filed <i>Feb 27 1914</i> <i>F. W. Pondall</i> Local Registrar	
(Informant)	<i>J. A. Vestry</i>		Filed <i>May 9 1914</i> <i>C. H. Lund</i> County Registrar	
(Address)	<i>Douglas Ariz.</i>			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL			
<i>Douglas</i>	<i>Feb 23 1914</i>			
UNDERTAKER	ADDRESS			
<i>H. C. Strong</i>	<i>Douglas</i>			